

### NATIONAL EXAMINING BOARD FOR DENTAL NURSES

### NATIONAL DIPLOMA IN DENTAL NURSING

# COURSE HANDBOOK for RECORD OF EXPERIENCE

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#### ABBREVIATIONS USED IN THIS DOCUMENT

COSHH Control of Substances Hazardous to Health

CQC Care Quality Commission

CSSD Central Sterile Supply Department

DBS Disclosure Barring Service

DCP Dental Care Professional

GDC General Dental Council

GDP General Dental Practice

HTM 01-05 Health Technical Memorandum

IM Internal Moderator

IR (ME)R Ionising Radiation (Medical Exposure ) Regulations

NEBDN National Examining Board for Dental Nurses

NHS National Health Service

OSCE Objective Structured Clinical Examination

PCT Primary Care Trust

PERS Practical Experience Record Sheet

PPE Personal Protective Equipment

QA Quality Assurance

RoE Record of Experience

RQIA Regulation and Quality Improvement Authority (Northern

Ireland)

SO Supplementary Outcomes

#### INTRODUCTION

In 2005, the General Dental Council produced the documentation 'Developing the Dental Team', which indicated the need for NEBDN to introduce an element of continual assessment to its registerable qualification in order to meet the required standards of this document.

The final product is the 'Record of Experience' (RoE), a portfolio designed to provide a written and authenticated record of every student's competence, so that when fully completed each student has evidence that they have nursed and assisted in the required range of dental procedures, and to a satisfactory standard, to deem them 'safe and competent' to work unsupervised.

The purpose of the RoE is to ensure student dental nurses receive summative assessments carried out in the workplace to an approved standard. All those involved in the assessment process must adhere to the benchmarks and performance criteria set out in the Record of Experience Checklists and Marking Guide.

The RoE is composed of a series of Practical Experience Record Sheets (PERS), covering all areas of general dentistry set out in five units. The PERS provide a written record of the student's performance during the relevant clinical procedures that they refer to, and indicate whether that performance was satisfactory or not.

The range of procedures and the number of PERS to be completed ensures that all registered dental nurses have had a documented minimum of workplace training experiences as a starting point for their careers. Students must provide support to a range of patients during the completion of the RoE and are required to indicate on the tracking document at least one occasion where they have assisted each of the following: an adult patient, a child patient, an elderly patient, a patient with special care requirements.

All of the PERS in each unit must be completed to show that the relevant clinical activity was carried out to the required standard (see Appendix A) before a student can enter their final National Diploma examination. Only NEBDN accredited training centres have access to the RoE for provision to their students – a student cannot obtain a copy independently.

The completion of all the PERS is recorded using the 'tracking document' provided for each student – this must be signed by the Supervising Dentist or DCP to authenticate it, before being sent to NEBDN with the examination application form and entry fee by the course provider.

The inclusion of the 'Reflective Account' section on each PER provides the student with the opportunity to develop the skills of reflective writing, and to learn how to analyse their own performance with a view to improving themselves.

In addition to the PERS, each unit has a variety of 'Supplementary Outcomes' (SOs) to be completed. These can either be incorporated in the classroom as a training tool, or as homework.

The RoE is not designed to reduce the amount of classroom training required by dental nurse students. Rather, it should complement the theoretical study and learning that they undergo, and allow the student to adapt this information to their everyday workplace duties as a dental nurse.

These will be reviewed and updated from time to time by the NEBDN Diploma Committee, to ensure that each RoE publication remains current and valid.

#### **Assessment**

To succeed in the course and gain entry to the NEBDN National Diploma in Dental Nursing Examination students must pass all Units and must demonstrate sufficient knowledge or competence throughout the RoE.

Candidates must pass both parts of the examination within the 3 year validity period of the RoE.

#### MANDATORY WITNESS TRAINING PROGRAMME

As part of the on-going approval process for the NEBDN National Diploma in Dental Nursing qualification, the General Dental Council (GDC) require NEBDN to provide standardised training to all those involved in supporting the student dental nurse in the development of their Record of Experience (RoE). In order to meet this requirement NEBDN has introduced an on-line training package in conjunction with Smile-On, details of which are below.

#### Witness Training

The Witness training package is designed for anyone acting as a Witness for students as they complete their RoE. It contains information relating to their responsibilities as well as useful resources and activities allowing them to familiarise themselves with the role. Every witness must have completed this training prior to observing the performance of the student during any part of the RoE. At the end of the training package the Witness will be able to access the e-RoE for any allocated student for a period of three years. Students and Tutors / Moderators can check the Witness training status via the e-RoE.

For those Witnesses observing students completing the paper version of the RoE; the Witness should print off the Certificate of Completion and ensure a copy is given to the student to keep in their RoE alongside the Witness Status List. Course Providers / Tutors / Moderators should ensure that the candidate has a certificate of completion for each witness on the Witness Status List. Any activity signed by a Witness who has not completed the training will be deemed invalid. NEBDN will be

checking the Witness Status List to ensure that all Witnesses have completed the training.

### Mentor Training (to be introduced in late 2013)

A Mentor training package is currently being developed which is designed for anyone acting as a mentor for students as they complete their RoE. It will contain information relating to their responsibilities as well as useful resources and activities allowing them to familiarise themselves with the role. Once the training package is available, each mentor is required to complete this training prior to the student starting work on their RoE development. At the end of the training package the Mentor should print off the Certificate of Completion and a copy given to the student to keep in their RoE.

Course Providers should also keep a copy of the certificate of completion for every Mentor for Audit purposes. Mentors will be able to self register for the training and course providers will be able to monitor the progress of the mentors if required.

### **ROLES & RESPONSIBILITIES - People involved in the RoE**

There are several individuals involved with the management and completion of the RoE

- Student
- Course Provider
  - Tutor
  - Internal Moderator (IM)
- Employer
  - Mentor
  - Witness (can be more than one individual)
- NEBDN
  - Auditor (NEBDN)

#### STUDENT RESPONSIBILITIES

- To ensure they attend the training course as required, so that they receive instruction in the theoretical knowledge necessary to carry out dental nursing tasks competently.
- Take responsibility for completion of their own RoE.
- Complete the required PERS and Supplementary Outcomes as directed by the tutor on the course.
- Ensure that all PERS are written and signed by the witness within seven days of the activity taking place.
- Discuss any potential concerns/issues with the course tutor as soon as possible.
- Retain the RoE for a period of seven years after qualification.

#### **TUTOR ROLE AND RESPONSIBILITIES**

All course providers are required to go through an Accreditation
process with the NEBDN to ensure course provision meets the Quality
Standards set out in the Accreditation Process and Procedures
document. Course Providers must ensure all employers and students
are made aware in the initial course information if full accreditation
status is not met and that students will be unable to sit the final

examination. NEBDN. (September 2013 Quality Assurance Standards.

Accreditation, standard 1-11

### To ensure that students and their employers are aware of the requirements of the RoE, and the implications of non-completion:

Tutors must make early contact with each employer, mentor and any likely witnesses (if possible), to explain and discuss their roles in the training of the student. (see Appendix C).

Information needs to be relayed in a compulsory induction session held by the Course Provider for students and mentors involved in the RoE process.

### To cross-reference the PERS to the timetabled training course subjects:

This is best achieved by setting target dates for the completion of various PERS, in tandem with the timetabled subjects where possible

The SOs can also be scheduled to be completed during certain training sessions or as set homework after the relevant session

# To deliver the knowledge required for students to undertake clinical duties safely and effectively

Before the Student Nurse undertakes any duties in the practice, they must receive a formal structured induction, including training regarding patient safety and confidentiality; infection control; the protection of vulnerable children and adults; and how to deal with medical emergencies. *Therefore the following core elements must be delivered at the beginning of the course:* 

- o Cross Infection
- GDC Standard Guidance
- Health and Safety
- Medical Emergencies
- Patient Confidentiality
- o Radiation Protection

# To deliver the knowledge to a correct level and depth, to enable students to complete the SOs sufficiently:

The training course subjects should always be taught to 'best practice' standard. Students should be trained to ensure that best practice and improving standards for patient safety is encouraged at all times, covering the Learning Outcomes listed in the GDC Guidance Preparing for Practice (2012).

- To check that the content and depth of the PERS completed meet the required standard as per the NEBDN Supplementary Marking Guide.
- Each SO must be signed, dated and include the GDC No. of the tutor.

To assist the students in simulating some work situations, if and when required, to ensure the completion of their PERS (see guidance – page 19)

To ensure that each student has sufficient support with the development of the RoE:

- To ensure the Service Level Agreement and Training Practice Monitoring Forms are completed prior to the student and mentor induction.
- To carry out workplace visits in accordance with NEBDN's Workplace Observation policy (Appendix E)

The RoE should be embraced as a valuable learning / assessment tool for the students by all training course personnel, especially as it is now a compulsory part of the dental nurse's training.

Guidance and instruction in reflective writing skills is included in this document (see Appendix D).

To make assessment decisions on each PER submitted by the student taking into account the student's description of the activity, the checklist completed by the Witness and the feedback provided to the student by the Witness.

PERs can be assessed as Satisfactory or Not Yet Satisfactory by the Tutor. Those that are assessed as Not Yet Satisfactory may be used by the student in the Personal Development Plan (PDP) section of the RoE as evidence of developmental need.

PERs that are assessed as Not Yet Satisfactory and not used in the PDP can be discarded.

All PERs included in the main body of the RoE must have been assessed as Satisfactory by the Tutor.

#### INTERNAL MODERATOR ROLE AND RESPONSIBILITIES

- To monitor the students' progress throughout the RoE completion
- To sample **ALL** the students RoEs within each cohort
- To sample the Record of Experience using the NEBDN sampling strategy and corresponding documentation.
- To check the signature and date on the PERS, to ensure authenticity and validity
- To keep accurate records of their moderation activities

- To ensure that adequate feedback is given to both Tutors relating to the reliability and validity of their assessment decision..
- To carry out a final moderation process before submitting the application to enter the NEBDN National Diploma in Dental Nursing examination
- To ensure the Mentor has signed-off the tracking document to declare the RoE has been fully completed to the required standard before its submission to NEBDN
- To ensure Witness and Mentor training programme have been completed

#### **EMPLOYER ROLE AND RESPONSIBILITIES**

To take responsibility for overseeing the training of the student in the workplace:

- The employer has the overall responsibility for the student
- To ensure a suitable GDC registered staff member is available to act as a mentor for the student, if they are not also the mentor themselves.
- To ensure that all witnesses are GDC registrants themselves (with the stated exception of Unit 3)
- To ensure all witnesses and mentors have completed the NEBDN training programme
- To ensure PERS are completed by the student, and the clinical activities are observed by the witness, in accordance with the NEBDN guidelines, and the GDC requirements (see Appendix B)
- To ensure each student has sufficient access to chair-side procedures to be able to complete the RoE in a timely manner
- To ensure the following persons are named on the supervising registrant list in the following order employer, mentor and all witnesses.
- To ensure that all personnel involved with the training of the student are committed to following best practice and improving standards for patient safety at all times
- To ensure the student is able to attend the training course as required, so that they receive instruction in the theoretical knowledge necessary to carry out dental nursing tasks competently.

To liaise with the course provider as necessary, in the best interest of the student

- To ensure the mentor attends an induction session with the training course
- To advise the course provider of any mentor or witness issues that may arise, at the earliest opportunity
- To be involved in any student issues regarding attendance or performance, during the training course
- To ensure the mentor signs-off the tracking document once completed to authenticate it, and in good time for it to be submitted to NEBDN as part of the student's examination entry application

#### MENTOR ROLE AND RESPONSIBILITIES

To support the student both practically and theoretically throughout their training, within the working environment:

- To attend an Induction session with the course provider.
- To ensure that all potential witnesses in the workplace are aware of their roles and responsibilities while observing the student
- Each Mentor must complete the NEBDN Mentor training programme

The mentor will be a GDC registrant within the student's workplace; often a senior dental nurse, but a dentist, hygienist or therapist may also be willing to participate.

Dental nurses who have accessed the GDC register by the 'grand-parenting scheme' are suitable persons to act as mentors

It must be stressed that any theoretical support provided by the mentor must be in line with the content and depth of knowledge provided by the training course, and must not contradict it.

All Mentors must complete the Mandatory NEBDN Mentor training programme when available (see page 4)

#### WITNESS ROLE AND RESPONSIBILITIES

The witness must be a GDC registrant themselves, and may be a dentist, therapist, hygienist, or dental nurse (qualified or grand-parented). The one exception to this is in Unit 3, where the witness may be a qualified radiographer who is registered with their professional organisation.

They will observe the student directly as they carry out the procedures and tasks relevant to the various PERS, and will be responsible for completing the relevant checklist and providing feedback relating to the student's clinical performance at the end of the task.

The witness should directly observe the student while they carry out the particular procedures of each PER and determine whether the procedures witnessed have been carried out effectively and skilfully.

As a GDC registrant, each witness is capable of making this decision by referring to the Key Outcomes for Dental Nurses within the GDC's Preparing for Practice Dental document (which can be found by accessing the following link: <a href="https://www.gdc-uk.org/newsandpublications/publications/publications/gdc%20learning%20outcomes.pdf">https://www.gdc-uk.org/newsandpublications/publications/publications/gdc%20learning%20outcomes.pdf</a>). The witness should ensure that any variations in the work procedures are highlighted to the course provider, so that the student is not disadvantaged.

The relevant PERS must include a completed checklist and feedback and be signed and dated by the witness. The Witness should complete the relevant sections of each PER within 7 days of the clinical activity having taken place. Any PERS signed outside seven days of the activity is deemed invalid (unless accompanied by an explanatory statement).

As with other personnel involved in the management and completion of the RoE, all GDC registered witnesses must abide by the statement of responsibility to GDC registration (see Appendix B)

All witnesses must complete the Mandatory NEBDN Witness training programme from September 2013 (see page 4)

#### **NEBDN AUDITOR ROLE AND RESPONSIBILITIES**

NEBDN Auditors conduct visits to Course Providers and sample RoEs to ensure they are assessed following NEBDN Guidance. This includes:

- monitoring how the moderation process is carried out by the course provider
- validating moderation decisions as part of the Quality Assurance process
- validating the accuracy and authenticity of the RoE
- auditing the systems and procedures used by the course provider in the moderation process

Any issues identified will be dealt with in accordance with NEBDN's Quality Assurance procedures.

**Minor Issues:** An advisory report is written and forwarded to the course

provider. The course provider is required to reply with an action

plan, within a given timescale, for addressing the issues.

**Moderate Issues:** An advisory report is written and forwarded to the course

provider. The course provider is required to provide evidence within a given timescale, of the resolution of issued identified.

**Major Issues:** Where patient safety or fitness to practice is called into question

the course provider may be subject to an RoE advisory visit at a

cost to the course provider.

#### STATISTICAL ANALYSIS IN EXAMINATIONS

The role of statistical analysis in examinations such as the NEBDN Diploma in Dental Nursing can be summarised under four main functions:

- 1. Providing evidence about the quality of the examination, which includes identifying poorly performing items and taking appropriate action.
- 2. Producing the final marks and results for each candidate.
- 3. Contributing to the on-going QA and development of the examination.
- 4. Comparative analysis of students based on their course providers.

There are various types of statistical analysis that are used in one or more of these four functions:

- a) Descriptive statistics;
- b) Statistics concerning reliability and measurement error;
- c) Statistics concerning the performance of individual items.
- d) When used to directly assess candidates (such as in an OSCE) a comparative analysis of examiner performance.
- e) Analysis of students grouped by course providers and mapped to the main curriculum areas.

It is worth noting that candidate performance in the OSCEs will be analysed in comparison to their reported performance in the RoE.

If the analysis highlights areas of concern the NEBDN will monitor the provision of training and the students RoE and may instigate an audit visit of the course provider or instruct the course provider to complete a Work Place Observation.

#### LIAISON WITH EMPLOYERS

Completion of the RoE is a compulsory part of the NEBDN National Diploma in Dental Nursing qualification. All employers need to be aware of its existence and their role in providing suitable learning experiences for their student in the workplace.

In some workplaces the employer and the Mentor may not be the same person, so it is important that the course provider makes contact with all key personnel, and keeps them informed of their individual roles during the training of their student.

### The course provider should deliver this guidance at an arranged information / induction event before the course commences.

Good relationships between the course provider and each employer should avoid any unnecessary hardships for the student, such as access to suitable chair-side procedures, or obtaining signatures for the PERS.

### The Course Provider will be teaching students to 'best practice' standards at all times

It must be made clear from the outset that students are also taught to realise that 'best practice' may be achieved in a variety of different ways. Courses must cover the Learning Outcomes listed in the GDC Guidance Preparing for Practice (2012). Individual variations in dental techniques will always occur, but the end result of improving standards for patient safety should still be possible. However, students will also be aware of practises that constitute misconduct.

# Even in specialist practices, students must be allowed access to all of the chair-side procedures covered by the PERS

This may require allowing students to attend a colleague's practice from time to time, as necessary. Early contact with all parties by the Tutor is very important in these situations.

# Successful completion of the RoE will require support from the workplace throughout the training course

Employers may wish to consider arranging a 'training contract' with their student, so that the practice can ultimately benefit from the desired result of that support – a well-trained and qualified dental nurse, who remains as a valuable employee in the workplace.

### Employers will be informed of their student's progress during the course

If problems become evident, the Tutor will make contact with the student and help to minimise any problems, but the employer may also need to be involved from time to time, such as in cases of poor attendance.

# HOW TO USE THE RECORD OF EXPERIENCE DURING THE TRAINING COURSE

The RoE must be introduced at the beginning of the training course so that both students and employers are aware that it is a compulsory part of the training course.

Ensure that all relevant persons involved are aware of the GDC statement with regard to jeopardising their own GDC registration by making false declarations (see Appendix B), and ideally reproduce the statement on information literature where possible.

Only the accredited training course can obtain the RoE from NEBDN, and this must be done within the first three weeks of the course start date – as a group order. A spare copy will be useful to show the students the format of the portfolio, and introduce the various documents that they will be using, such as the PERS. Please note that the RoE document is valid for a period of three years from the date of purchase.

Once their own RoE has arrived, each student will have the required number of PERS and SOs. In case of error during completion or additional attempts to achieve a satisfactory grade, a spare proforma of each PER and SO should be held by the tutor and copied as required.

The 'supervising registrant list' should be completed for each student at their workplace, and then retained by the course provider in a safe place. Similarly, each tracking document should be handed to the tutor or IM for its completion during the course.

The tracking document should record the date that each PER was completed by the student, and therefore should correspond with the date at the top of each PER.

Tutors should note that the date itself must be entered for each PER; the use of ticks or lines on the tracking document is not acceptable.

Following observation of the student by the witness during the procedure, their performance is considered by the Witness and a decision made as to whether each criteria listed in the checklist was performed to a competent standard.

The witness feedback section is then completed constructively, the relevant 'competence' box is ticked to indicate if the clinical activity was competent or not, and then the PER is signed and dated by the Witness.

Once completed by the student, the tutor assesses all sections of the PER and decides whether the record provides evidence of performance which is Satisfactory or Not Yet Satisfactory.

PERS which are submitted containing aspects of clinical performance ticked as Not Yet Competent by the Witness cannot be considered as Satisfactory by the Tutor – all items on the checklist must be ticked as competent for the Tutor

to even consider a PER as Satisfactory. PERS that have all the criteria ticked as Competent may still be considered as Not Yet Satisfactory when reviewed in conjunction with the student's write up of the procedure and the feedback provided by the Witness.

The tutor feedback section is then completed constructively, the relevant box is ticked to indicate if the required standard has been achieved, and then the PER is signed and dated by the tutor. The tutor signature must be present to enable verification by the NEBDN auditor.

The Internal Moderator (IM) should then sample the Record of Experience using the NEBDN sampling strategy and corresponding documentation.

The IM should arrange to meet mentors as soon as possible to discuss their role in the training of their student, if this has not already been carried out at an induction event.

### The tutor is responsible for the following:

- Use relevant timetabled sessions to introduce each PER during the training course, using the time as an opportunity to discuss their content as further training for the students
- Ensure the students understand the terminology used, and the depth of information to be recorded on the PERS, by drawing their attention to the guidance notes included on each sheet
- Ensure the students understand the concept of reflective writing, and of completing the reflective account section of each PER (see Appendix D)
- All PERS in the completed RoE must be of a satisfactory grade. Any PERS that are graded not satisfactory may be placed in the RoE Personal Development Plan in Unit 1 or discarded
- If possible during the course, introduce the concept of using a treatment session to complete several PERS in one go; such as a crown preparation procedure being used to complete PERS for all of the following:
  - Preparing and maintaining the environment
  - Assisting in the taking and processing of a radiograph
  - Local anaesthesia
  - Crown preparation procedure
  - Disinfecting an impression
  - Sterilisation of the instruments
  - This will be dependent on the order of the curriculum topics, as covered by the timetable

- Issue target dates to the students that correspond with the course timetable, giving final dates for the completion of certain numbers of PERS from the relevant units – stick to the target dates
- Using the SOs as classroom activities, assessments, or as homework opportunities
- Arrange timetabled sessions to carry out any simulations for students, as necessary
- Liaise with the IM so that the completed PERS and SOs can be assessed and moderated at suitable times during the training course
- Where the tutor and student are not together in the same workplace, the tutor
  may wish to arrange an observation of a student by themselves if there are
  any concerns or issues about the completion of the PERS as per NEBDN's
  Workplace Observation policy
- This will also ensure that the witness feedback provided is accurate in these instances

### **Storage of Completed Records of Experience**

For those students completing the on-line RoE, an electronic version will be stored on the e-RoE platform which can be accessed by students' following completion of their training for a period of two years. It is recommended that students print a version of the completed RoE to keep for their records following completion.

**Those students completing a paper version of the RoE**: Sufficient evidence of satisfactory completion of the RoE must be held for each student by their course provider for seven years from the date of purchase.

Copies of all of the following documents for each student must be held:

- Tracking document
- Supervising registrant list
- Witness and mentor training certificates
- Completed RoE progress logs
- Completed Internal Moderation documentation
- Completed Service Level Agreement and Training Practice Monitoring Form
- Signed agreement by each student that they will not destroy their RoE portfolio, or any part thereof, until seven years after the purchase date

In the event of any student undergoing a Fitness to Practise, misconduct or disciplinary hearing by the GDC, this evidence may be required for consideration to help determine the outcome of any investigation.

These documents must therefore be made available to both NEBDN and the GDC upon request, at any time during the seven year period.

Upon being awarded a 'Pass' in the NEBDN National Diploma in Dental Nursing qualification, the complete RoE portfolio will be issued to the student for their own personal development use and for safe keeping. In the case of a student transferring to another training course before completion of the RoE, the relevant paperwork should be completed and held by the original course provider for seven years from the date of purchase (see Appendix F)

Agreement to adhere to the RoE storage policy will be included in the contract between NEBDN and all course providers, as part of the future accreditation process.

#### **COMPLETION OF PERS**

Some examples of completed PERS are shown in Appendix A.

Two of these have been indicated as "not satisfactory" PERS and one "satisfactory" standard by the tutor, the latter being that which should be achieved in order to pass each unit. Any unsatisfactory PERS must be used by the student in the Personal Development Plan in Unit 1.

While using paper copies, the students must write neatly and legibly, and within the space provided on the PERS. Consequently, the tutor must encourage the students to provide relevant information only in each section, and especially to discourage the use of rambling, first person litanies;

'First of all I would put on my PPE, then I would take the patient into the surgery and ask them to sit on the dental chair, then I would ....'

The layout of the PERS is focussed on the student providing an individualised account of the procedures they have carried out to complete the task.

Guidance notes are given on each section of the PER to direct the student towards the relevant information to be recorded.

Tutors are issued with Marking Guides for use when assessing the RoE. Students are not permitted access to these Marking Guides under any circumstances.

The 'reflective account' section of each PER has been included to provide a written record of the self-development of the student as they progress through the RoE portfolio. As the guidance notes indicate, the student should use this section to identify their own strengths and weaknesses during the procedure and state how they intend to address any weaknesses identified in the future.

It therefore encourages the student to develop skills of both self-reflection and experiential learning - both key concepts in the process of becoming 'reflective practitioners'. On qualification, the student should then be able to successfully take part in Continuing Professional Development activities, and Lifelong Learning.

One of the major purposes of assessment is to give feedback to the student on their progress and achievement, and both the witness and the tutor have feedback sections available on the new PERS to do so.

Course providers are advised to keep an individual student review form which summarises each student's progress at timetabled points throughout the training course, with inclusions and constructive comments recorded as necessary. (see Appendix G).

As with the reflective account of the student, these feedback sections should be used to help identify individual strengths and weaknesses in specific performance

areas, and then guide improvement and development of any weak areas while allowing further student expansion of their strong areas.

The final section of each of the new PERS format is for the IM to record whether that particular PER has been randomly sampled or not. A written record of those sampled for all students must be kept by every course provider as part of the Quality Assurance and accreditation process.

In addition, the following advice issued by NEBDN should be passed on to the students at the appropriate points in the training course:

- The 'clinical area' referred to in most PERS is the surgery area that each student works in, and this may be any of the following:
  - Armed Forces Dental Clinic
  - Dental Hospital
  - o Dental Department within a General Hospital
  - GDS Dental Practice (NHS or private)
  - PDS Practice
  - Specialist Dental Practice
- Where relevant, trade names for materials and medicaments must <u>not</u> be used
- Any computerised programmes referred to for patient records should be identified by the system used (e.g. Kodak R4)
- Radiographic processing equipment should be identified by the details of the manufacturer (e.g. Velopex)
- Where relevant, details of mixing materials should include:
  - Type of material
  - o Type of mixing slab and spatula
  - Required consistency of the mix
- Waste disposal information should indicate non-hazardous, hazardous (including sharps), or special – or the relevant alternative terminology used in regional variations
- Cross-referencing information from one PERS to another is not permissible.

#### **USE OF SIMULATIONS**

The NEBDN National Diploma in Dental Nursing qualification is one issued to a student who has shown the required standards of knowledge and practical skills in all areas covered by the NEBDN National Diploma in Dental Nursing curriculum.

In specialist practices, students will not have the training opportunities and chair-side experiences to cover the full RoE and PERS requirements. This is especially so for orthodontic, endodontic, and periodontal specialist practices.

The course provider should liaise with the employer to ensure that a student has the opportunity to attend a general dental practice as necessary to complete the PERS in a chair-side environment as set out in the Service Level Agreement.

Some smaller areas of the RoE can also be covered by the use of 'simulation' by the training course, especially the following:

• Sterilisation procedures (in hospitals with CSSD)

During simulation, the tutor acts as the GDC witness for the student. The PER is gone through section by section, using any relevant instruments and materials held by the course provider to assist its completion as necessary. The student can then write up the PER and have it signed by the tutor – so the tutor must also be on the 'supervising registrant list' for that student.

In procedures using conventional materials such as composite and glass ionomer, the procedure itself can be substituted. So instead of cavity restoration, these materials can be used to complete PERS for bonding orthodontic brackets or cementing orthodontic bands. If procedures are substituted the PER needs to contain the relevant information including a reason for the substitution.

#### STUDENT FEEDBACK

It is important that students receive constructive written feedback in order that the completion of the RoE, and the achievement of the required standard recorded on the PERS, are assessed and monitored.

While the witness and tutor must aim to give constructive criticism backed up with sound advice whenever possible, there will be occasions when the standards achieved are not yet satisfactory. This is especially so when the clinical activities are attempted for the first time.

While indicating that the standard is not yet satisfactory, the tutor and IM must support the students in improving their efforts in the following ways:

- Ensure that they understand what is expected of them with regard to the RoE
- If they do not, reiterate the introduction and induction information again
- Ensure that they understand exactly why the standard is currently not satisfactory
- Point out the shortfalls, and provide solutions to achieve a satisfactory standard of clinical activity to be recorded in future PERS
- In particular, PERS should not be accepted as written records of the clinical activities unless they have been signed by one of the student's named GDC registrants

#### POOR OR UNSAFE PRACTICE

In some instances, students may record what is considered to be poor or unsafe practice as part of their witnessed procedure.

Examples may include:

- Routine non-use of local anaesthesia for some procedures
- Use of inappropriate local anaesthetic for medically compromised patients
- Setting out of unexpected instruments for some procedures
- Use of unrecognised disinfection techniques
- Absence of the correct sequence of decontamination and sterilisation methods
- Non-compliance with any current regulatory requirements governing the dental workplace

Following a risk assessment of the situation, the tutor may wish to arrange a personal observation of the student in their workplace, to see the procedures followed for themselves. This must be in line with the NEBDN Workplace Observation Policy document (see Appendix E).

#### RECORD OF EXPERIENCE SAMPLING POLICY

As part of the NEBDN Quality Assurance process, any RoE from any Course Provider will be randomly sampled by one or more of the following groups:

- NEBDN Auditors during accreditation or re-accreditation visits
- A member of the appointed external Quality Assurance body, anytime between the examination closing date and the issuing of examination results.

Any issues identified during the above could result in the following sanctions being applied to the course provider:

Minor Issues An advisory report is written and forwarded to the Course

Provider. The Course Provider is required to reply with an action plan, within a given timescale, for addressing the issues.

**Moderate Issues** An advisory report is written and forwarded to the Course

Provider. The Course Provider is required to provide evidence, within a given timescale, of the resolution of issues identified.

Major Issues Where patient safety or fitness to practice is called

into question the Course Provider may be subject to an RoE

advisory visit at a cost to the Centre.

Course providers are reminded that they will put the accreditation of their training course at risk if they knowingly ignore any evidence of unsafe practice or serious standardisation issues that come to light during the completion of a student's RoE. Any evidence identified as a failure to act upon any issues considered to be high risk, especially those involving a clear breach of current legislation or regulation, may result in the withdrawal of NEBDN accreditation for the course provider. In the most serious of cases, where the safety of patients could be in question, NEBDN has a duty of care to report the matter to the General Dental Council.

The review and feedback of the RoE must be carried out regularly throughout the training course, so that struggling students and unsatisfactory standards are identified at an early stage. It is useful to tie in these sessions with the target dates set for the PERS completion.

The feedback given should be adequately recorded, and copies kept by both the training course and the student. (see Appendix G).

#### APPENDIX A

### **COMPLETED EXAMPLES OF PERS**

Practical tasks included in the RoE (PERS / Supplementary Outcomes) are marked using a comprehensive marking guide produced by NEBDN. The marking guide clearly indicates the standard for assessment of both formative and summative assessment elements of the RoE.

To succeed in the course and gain entry to the NEBDN National Diploma in Dental Nursing Examination students must pass all Units and must demonstrate sufficient knowledge or competence throughout the RoE.

Any unsatisfactory PERS can be used by the student in the Personal Development Plan in Unit 1

Candidates must pass both parts of the examination within the 3 year validity period of the RoE

#### PRACTICAL EXPERIENCE RECORD SHEET

Unit 4 Section 1: Cavity Restoration Procedure

Student Dental Nurse's Name: Date of Assessment:

Fiona Saxby

16.7.13

The Practical Experience Record sheet is a true representation of my own involvement in the task described.

Student Dental Nurse Signature

Fiona Saxby

#### 1. Restorative procedure carried out

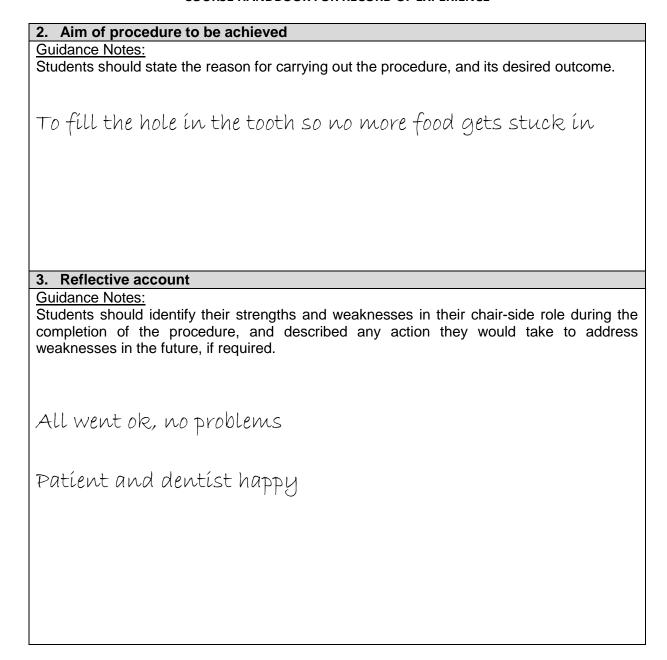
#### Guidance Notes:

Students should state the procedure carried out.

Students should explain how the clinical area was made ready for the procedure, how they assisted both the clinician and the patient during the procedure, and be able to describe their role during the procedure.

Students should describe the patient on which treatment was carried out

Patient was a female adult
Composite filling in upper left 2
Surgery already set up - working all day
Got all equipment and instruments ready, brought
patient into surgery and put on their PPE
Helped dentist - passed instruments, aspirated,
passed materials, gave patient mouthwash after,
took to reception to make next appointment
and to phone taxi



4. Witness Feedback			
Student Dental Nurse's Name:	Date of Activity:		
	- 		
This Section should be completed by the GDC (or other) regi	l strant who wit	tnessed the	
activity of the student and is assessing their competence.			
Constructive feedback will help the student to develop their p	erformance ir	the workplace.	
Witness Assessment of Competency			
Activity	Competent	Not Yet	
	, , , ,	Competent	
Preparation			
Student turned on all equipment required for the procedure			
Student donned appropriate PPE (gloves, mask, eye protection, appropriate clinical dress)			
Student cleaned work surface using viricidal disinfectant or			
detergent solution	<b>✓</b>		
Student flushed through all water lines			
Student applied disposable covers to required areas of the			
dental surgery e.g. light handles, control panel etc	$\square$		
Student made all required patient records and radiographs			
available	$\checkmark$		
Student prepared all relevant equipment and materials	<b>V</b>		
Student established zoning of clean and dirty areas within the working field.			
During Procedure			
Student greeted patient appropriately			
Student provided the patient with a bib and safety glasses			
Ctudent conjunted and vetuceted coff ticques when	$\overline{\checkmark}$		
Student aspirated and retracted soft tissues when appropriate	П		
Student provided eye shields when required during use of			
curing light	$\checkmark$		
Student followed safe practice procedures throughout	<b>V</b>		
Student monitored the patient throughout			
Student reassured the patient during the treatment		П	
Student prepared anaesthetic appropriate to the patients Medical History	$\square$		
Student assisted with the placement of the rubber dam (if used)		Ø	

Student prepared any materials required as requested by the clinician	<b>V</b>	
Student maintained contemporaneous notes as directed by the clinician	<b></b>	
Student ensured the patient was cleaned prior to leaving	$\checkmark$	
Professionalism		
Student demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.	V	
Student demonstrated effective clinical decision making throughout the task	<b>V</b>	
Student managed themselves and the clinical environment in line with current standards and guidelines	<b>V</b>	
Student demonstrated knowledge and clinical skills appropriate to the patients condition	V	
Student communicated appropriately, effectively and sensitively with the patient, their relatives or carers and colleagues	$\checkmark$	

Feedback to Student on Performance:

### The feedback must be completed using the following guidelines:

- Include positive comments, as well as negative ones, to affirm that the student has done well and is then encouraged to listen further
- Avoid the use of the word 'but' because this negates the previous comment, however positive it was, and often gives the impression that the student should 'expect the worst' (substitute with the word 'and' instead)
- Refer to the relevant assessment criteria so that feedback is specific to that
  particular assessment process, and the student has an idea of 'what they're aiming
  for'
- Give specific information on good performance so that this can be built upon for future assessments
- **Give specific information on poor performance** so that improvement is correctly guided and obstacles to better performance can be overcome
- Raise relevant issues, or ask questions to determine the student's knowledge and understanding of the assessment content, to help clarify any misunderstandings and / or lack of knowledge

- Provide feedback within 7 days after the assessment task, so that the student's performance is relatively fresh in their mind and they can relate comments effectively.
   Any PERs signed outside the 7 days of the activity is deemed invalid (unless accompanied by explanatory statement)
- **Provide the opportunity for dialogue** so that the student can discuss the feedback and any issues, rather than just having to accept it with no comment

Adequate chair-side assistance, but little monitoring of patient - poor aspiration and patient coughing

I confirm that the performance of the student demonstrated competence as indicated in the table above.

Signed: L. Coomer (Witness)

Date: 16.7.13 GDC No. 666713

Print Name: Lauren Coomer (Witness)

#### 5. Tutor Feedback

This Section should be completed by the GDC registrant who is assessing all sections of the completed PER. Constructive feedback will help the student to develop their performance in the workplace.

#### The feedback must be completed using the following guidelines:

- Include positive comments, as well as negative ones, to affirm that the student has done well and is then encouraged to listen further
- Avoid the use of the word 'but' because this negates the previous comment, however positive it was, and often gives the impression that the student should 'expect the worst' (substitute with the word 'and' instead)
- Refer to the relevant assessment criteria so that feedback is specific to that particular assessment process, and the student has an idea of 'what they're aiming for'
- Give specific information on good performance so that this can be built upon for future assessments

- Give specific information on poor performance so that improvement is correctly guided and obstacles to better performance can be overcome
- Raise relevant issues, or ask questions to determine the student's knowledge and understanding of the assessment content, to help clarify any misunderstandings and / or lack of knowledge
- Provide the opportunity for dialogue so that the student can discuss the feedback and any issues, rather than just having to accept it with no comment

reedback and any issues, rather than just having to accept it with no comment						
The document HTM 01-05 that is relevant to the practice area must be named by the student in the main text and the tutor in the tutor feedback.						
Feedback to	Student:					
Very poor PER - Who was the patient?  How was surgery 'already' prepared?  What PPE?  Role? Monitoring of patient?  Support of patient and dentist?  Procedure? Terminology!!						
Satisfactory		Not Yet Satisfactory ☑				
Signed:	B. Cheetha	т		(Tutor)		
Date:	20.7.13			GDC No.	35721	
Print Name:	Beverley	Cheetham		(Tutor)		
Sampled by Ir	nternal Mod	<u>derator</u>				
Yes	Ø					
Signed:	D. Dobbs			(Moderator)		
Date:	12.9.13			GDC No.		
Print Name:	Doreen D	obbs		(Moderator)		
GDC Registra	tion Numb	<b>er</b> : 34 <i>76</i> 1				
Conforms to c	urrent legis	slation:	Yes		No	$\square$

#### PRACTICAL EXPERIENCE RECORD SHEET

Unit 5 Section 1: Extraction Procedure

Student Dental Nurse's Name: Date of Assessment:

Helen Evans

15.7.13

The Practical Experience Record sheet is a true representation of my own involvement in the task described.

Student Dental Nurse Signature

H. Evans

#### 1. Extraction procedure carried out

#### Guidance Notes:

Students should state the procedure carried out.

Students should explain how the clinical area was made ready for the procedure, how they assisted both the clinician and the patient during the procedure, and be able to describe their role during the procedure.

Students should describe the patient on which treatment was carried out

57, 42 yr old male patient – regular attender perío probs, Mtt clear, smoker (about 30 per day for 20 years)

Switched on all equipment and ensured that everything was in working order, equipment as follows:

x-ray viewer

chair

dental light

aspiration equipment

PPE - bib, safety glasses for patient

Visor and gloves and appropriate clinical dress for me and dentist.

Disinfect work surfaces with viricidal disinfectant

Dental water lines were flushed through for 2 minutes

Apply disposable covers to specific areas of the dental surgery including:

Light handles

Control panels

Aspiration tubes

Dental chair head rest

### Computer keyboards.

Assisted the clinician by ensuring patient records, medical history and radiographs are available.

Aspírate and retract soft tissues when appropriate

Monitor the patient throughout the procedure

Set up instruments and materials

Checked batch No. expíry date of local anaesthetic cartridge

Províded the clínician with a clear, dry operative field

Passed instruments & equipment as required

Supported the patients head (if required)

Monitored the patient to anticipate and forewarn the clinician of any impending complications such as fainting or sickness

At the end of the visit ensured that no sign of the treatment was left on the patients face or clothing

Gave post operative instructions verbally and in writing

### For administering Local Anaesthetic

Topícal Anaesthetíc Paste, Cotton Wool roll, Dappens pot, Appropríate Local Anaesthetíc Syringe, Appropríate Local Anaesthetíc Cartridge, Appropríate Local Anaesthetíc Needle

### For Simple Extraction

Mírror, Probe, Tweezers, Salíva Ejector, Appropríate Extraction Forceps, Appropríate Elevators, Gauze Bíte Pack, Post-Operative Instructions

### Assisted the patient

- Provide the patient with a bib and safety glasses
- Recognise any potential emergencies and make the clinician aware of these
- Reassure the patient during the treatment

- Ensure that after the treatment the patient is clean and tidy
- Ensure that the patient has the post-operative instructions and spare gauze packs

LA needle and cartridge, lower antenor forceps, luxator, bite pack, aspirator (if necessary)

All likely necessary instruments (sterile) ready for use (including surgical kit, in case) – surgery already prepared previously for session

Patient no problems throughout, handed instruments to dentist in correct order, aspirated when required, received extracted tooth with forceps, gave wet bite packs to dentist, cleaned patient up afterwards and gave post OPS

#### 2. Aim of procedure to be achieved

#### **Guidance Notes:**

Students should state the reason for carrying out the procedure, and its desired outcome.

Tooth mobile due to periodontal disease, patient struggling to chew properly - remove tooth and resolve problem

#### 3. Reflective account

### Guidance Notes:

Students should identify their strengths and weaknesses in their chair-side role during the completion of the procedure, and described any action they would take to address weaknesses in the future, if required.

All procedure went well, felt prepared and ready before patient arrived Dentist allowed me to give post-ops-verbal and written do's and dont's especially no smoking today, HSWMW instructions from tomorrow arranged taxi collection for patient. Really pleased with my performance – felt prepared

4. Witness Feedback			
Student Dental Nurse's Name:	Date of Acti	vity:	
This Section should be completed by the GDC (or other) regi	strant who wit	tnessed the	
activity of the student and is assessing their competence.  Constructive feedback will help the student to develop their p	orformanco ir	the workplace	
Constructive reedback will help the student to develop their p	enomiance ii	i tile workplace.	
Witness Assessment of Competency			
Activity	Competent	Not Yet	
•	'	Competent	
Preparation			
Student turned on all equipment required for the procedure			
	$\overline{\mathbf{V}}$		
Student donned appropriate PPE (gloves, mask, eye			
protection, appropriate clinical dress)	$\overline{\mathbf{V}}$		
Student cleaned work surface using viricidal disinfectant or			
detergent solution	<u> </u>		
Student flushed through all water lines			
Student applied disposable covers to required areas of the			
dental surgery e.g. light handles, control panel etc	$\square$	П	
domar cargery eigr ngm manares, commer parier etc			
Student made all required patient records and radiographs			
available	$\checkmark$		
Student prepared all relevant equipment and materials			
	$\checkmark$		
Student established zoning of clean and dirty areas within			
the working field.	$\overline{\checkmark}$		
During Procedure			
Student greeted patient appropriately		_	
Other death and side of the metions with a hill and refer all ages	$\overline{\mathbf{V}}$		
Student provided the patient with a bib and safety glasses			
Student aspirated and retracted soft tissues when			
appropriate	$\overline{\checkmark}$	П	
Student followed safe practice procedures throughout			
	$\checkmark$		
Student monitored the patient throughout			
	$\checkmark$		
Student reassured the patient during the treatment	_		
	$\overline{\checkmark}$		
Student supported patient head as required			
Ctudent encisted during outure placement	$\overline{\checkmark}$		
Student assisted during suture placement	$\checkmark$		
Student ensured patient was clean prior to leaving			
oludoni onsured patient was clean prior to leaving	$\checkmark$	П	
Student gave patient a bite pack	_		
	$\overline{\checkmark}$	П	

Student gave verbal and written post operative instructions		П
Professionalism		
Student demonstrated professionalism in his/her duties and effective team working towards the delivery of safe, effective care.	Ø	
Student demonstrated effective clinical decision making throughout the task	Ø	
Student managed themselves and the clinical environment in line with current standards and guidelines	V	
Student demonstrated knowledge and clinical skills appropriate to the patients condition	V	
Student communicated appropriately, effectively and sensitively with the patient, their relatives or carers and colleagues	V	

Feedback to Student on Performance:

### The feedback must be completed using the following guidelines:

- Include positive comments, as well as negative ones, to affirm that the student has done well and is then encouraged to listen further
- Avoid the use of the word 'but' because this negates the previous comment, however positive it was, and often gives the impression that the student should 'expect the worst' (substitute with the word 'and' instead)
- Refer to the relevant assessment criteria so that feedback is specific to that
  particular assessment process, and the student has an idea of 'what they're aiming
  for'
- Give specific information on good performance so that this can be built upon for future assessments
- **Give specific information on poor performance** so that improvement is correctly guided and obstacles to better performance can be overcome
- Raise relevant issues, or ask questions to determine the student's knowledge and understanding of the assessment content, to help clarify any misunderstandings and / or lack of knowledge
- Provide feedback within 7 days after the assessment task, so that the student's performance is relatively fresh in their mind and they can relate comments effectively. Any per's signed outside the 7 days of the activity is deemed invalid (unless accompanied by explanatory statement)

 Provide the opportunity for dialogue so that the student can discuss the feedback and any issues, rather than just having to accept it with no comment

Performed very well, good preparation and gave post-ops clearly - well done?

I confirm that the performance of the student demonstrated competence as indicated in the table above.

Signed: J. Simpson (Witness)

Date: 15.7.13 GDC No. 3471233

Print Name: John Simpson (Witness)

#### 5. Tutor Feedback

This Section should be completed by the GDC registrant who is assessing all sections of the completed PER. Constructive feedback will help the student to develop their performance in the workplace.

### The feedback must be completed using the following guidelines:

- Include positive comments, as well as negative ones, to affirm that the student has done well and is then encouraged to listen further
- Avoid the use of the word 'but' because this negates the previous comment, however positive it was, and often gives the impression that the student should 'expect the worst' (substitute with the word 'and' instead)
- Refer to the relevant assessment criteria so that feedback is specific to that
  particular assessment process, and the student has an idea of 'what they're
  aiming for'
- Give specific information on good performance so that this can be built upon for future assessments
- Give specific information on poor performance so that improvement is correctly guided and obstacles to better performance can be overcome
- Raise relevant issues, or ask questions to determine the student's knowledge and understanding of the assessment content, to help clarify any misunderstandings and / or lack of knowledge

Provide the opportunity for dialogue so that the student can discuss the feedback and any issues, rather than just having to accept it with no comment					
The document HTM 01-05 that is relevant to the practice area must be named by the student in the main text and the tutor in the tutor feedback.					
Feedback to	Student:				
Good concise w All relevant poi	ríte up of the procedure ints covered				
Good.					
Competent			Not Yet Comp	etent	
Signed:	T. Sutherland		(Tutor)		
Date:	20.7.13		GDC No.	35721	
Print Name:	Tracey Sutherland		(Tutor)		
Sampled by Ir	nternal Moderator				
Yes	$\square$				
Signed:	C. Blake		(Moderator)		
Date:	9.9.13				
Print Name:	Christopher Blake		(Moderator)		
GDC Registra	tion Number: 55321				
Conforms to o	urrent legislation:	Yes	$\overline{\checkmark}$	No	

#### PRACTICAL EXPERIENCE RECORD SHEET

Unit 1 Section 2: Sterilisation Process

Student Dental Nurse's Name:	Date of Assessment:
Angela Tooth	20.7.13

The Practical Experience Record sheet is a true representation of my own involvement in the task described.

Student Dental Nurse Signature

A. Tooth

#### 1. Sterilisation procedure carried out

#### Guidance Notes:

Students should detail PPE used, details of instruments and how they were decontaminated before sterilisation, detail of autoclave process, method to check sterilisation process, storage of instruments after sterilisation.

Students should describe the patient on which treatment was carried out

#### Extraction of L3

LA needle and cartridges into sharps bin, all other waste into yellow sack. Instruments, syringe, forceps wearing gloves and visor, instruments to dirty zone and decontaminated for 15 mins in ultrasonic bath (contains special detergent) – vibrates debris off visually inspected after – no debris, so loaded into auto clave for sterilisation (rinsed after coming out of bath)

Auto clave - 15 mín. cycle, 3 míns at 1340C 2.2 bar pressure (prínt out on autoclave proves this - kept in log book)

Wearing clean gloves, instruments put into pouches and sealed, then stored in correct drawers and cupboards in main surgery

#### 2. Aim of procedure to be achieved

#### **Guidance Notes:**

Students should state the overall aim of the sterilisation process.

To kill all microorganisms so that instruments are sterile, and safe to be used again. Produces asepsis

#### 3. Reflective account

#### **Guidance Notes:**

Students should identify their strengths and weaknesses during the procedure, and describe any action they would take to address weaknesses in the future, if required.

Felt much more knowledgeable about the whole sterilisation process this time, understood why each stage is done, and the order. Not realised the magnifier was required for the visual inspection, but could see debris really easy with it so will use in future

4. Witness Feedback					
Student Dental Nurse's Name:		Date of Activity:			
This Section should be completed by the GDC			witnessed the		
activity of the student and is assessing their co	mpetence.				
Constructive feedback will help the student to c	develop the	ir performanc	e in the workplace.		
Witness Assessment of Competency					
Activity		Competent	Not Yet Competent		
Decontamination					
Student donned appropriate PPE		<b></b>			
Student transferred instruments to the dirty zon	e safely	V			
Student removed visible debris under the surfa water in the 'dirty' sink					
Student placed instruments in washer disinfect ultrasonic bath					
Student checked instruments for visible debris magnifying glass			abla		
Student prepared hand-piece effectively for ste (if applicable)		$\square$			
Student bagged instruments for placement in a autoclave (if applicable)	vacuum				
Sterilisation					
Student placed instruments into the autoclave i	in such a				
way as to maximise sterilisation		<b>V</b>			
Student turned on the autoclave and monitored cycle		$\checkmark$			
Student bagged instruments on removal from the vacuum autoclave (if applicable)		$\checkmark$			
Student placed frequently used instruments in a container	a lidded	$\square$			
Student dated all instruments according to national guidelines					
Student stored instruments according to nation guidelines after sterilisation	al	$\square$			
Professionalism					
Student demonstrated professionalism in his/he and effective team working towards the delivery effective care.					
Student demonstrated effective clinical decision throughout the task	n making				
Student managed themselves and the clinical environment in line with current standards and guidelines.		<b>V</b>			

Feedback to Student on Performance:

#### The feedback must be completed using the following guidelines:

- Include positive comments, as well as negative ones, to affirm that the student has done well and is then encouraged to listen further
- Avoid the use of the word 'but' because this negates the previous comment, however positive it was, and often gives the impression that the student should 'expect the worst' (substitute with the word 'and' instead)
- Refer to the relevant assessment criteria so that feedback is specific to that
  particular assessment process, and the student has an idea of 'what they're aiming
  for'
- Give specific information on good performance so that this can be built upon for future assessments
- **Give specific information on poor performance** so that improvement is correctly guided and obstacles to better performance can be overcome
- Raise relevant issues, or ask questions to determine the student's knowledge and understanding of the assessment content, to help clarify any misunderstandings and / or lack of knowledge
- Provide feedback within 7 days after the assessment task, so that the student's performance is relatively fresh in their mind and they can relate comments effectively. Any per's signed outside the 7 days of the activity is deemed invalid (unless accompanied by explanatory statement)
- **Provide the opportunity for dialogue** so that the student can discuss the feedback and any issues, rather than just having to accept it with no comment

Reminded to use magnifier for visual inspection

I confirm that the performance of the student demonstrated competence as indicated in the table above.

Signed: L. Bertram (Witness)

Date: 20.7.13 GDC No. 279162

Print Name: L. Bertram (Witness)

#### 5. Tutor Feedback

This Section should be completed by the GDC registrant who is assessing all sections of the completed PER. Constructive feedback will help the student to develop their performance in the workplace.

#### The feedback must be completed using the following guidelines:

- Include positive comments, as well as negative ones, to affirm that the student has done well and is then encouraged to listen further
- Avoid the use of the word 'but' because this negates the previous comment, however positive it was, and often gives the impression that the student should 'expect the worst' (substitute with the word 'and' instead)
- Refer to the relevant assessment criteria so that feedback is specific to that
  particular assessment process, and the student has an idea of 'what they're
  aiming for'
- Give specific information on good performance so that this can be built upon for future assessments
- **Give specific information on poor performance** so that improvement is correctly guided and obstacles to better performance can be overcome
- Raise relevant issues, or ask questions to determine the student's knowledge and understanding of the assessment content, to help clarify any misunderstandings and / or lack of knowledge
- **Provide the opportunity for dialogue** so that the student can discuss the feedback and any issues, rather than just having to accept it with no comment

The document HTM 01-05 that is relevant to the practice area must be named by the student in the main text and the tutor in the tutor feedback.

Feedback to			
Much better the routinely	in first PER - include use of magnifier next tio	ne though – sho	uld be used
Competent		Not Yet Comp	etent 🗹
Signed:	P. Gilchrist	(Tutor)	
Date:	20.7.10	GDC No.	673452
Print Name:	P. Gilchrist	(Tutor)	

Yes	$\square$				
Signed:	Belinda Bright		(Moderator)		
Date:	9.9.10				
Print Name:	Belinda Bright		(Moderator)		
GDC Registr	ation Number: 32789				
Conforms to	current legislation:	Yes		No	$\overline{\checkmark}$

Sampled by Internal Moderator

#### **APPENDIX B**

#### **GDC STATEMENT**

Registration of the existing GDC registrant, and the prospective registration of the trainee dental nurse, are both at risk if either individual knowingly makes a false declaration.

The completion of all PERS MUST be the original work of the student, and MUST be witnessed by one of the nominated GDC registrants in the workplace. That witness MUST sign and date the PERS at their time of completion, or soon after, to validate them.

All witnesses must complete the Mandatory NEBDN Witness training programme from September 2013 (see page 4)

#### **APPENDIX C**

# TUTOR INFORMATION AND STUDENT ADVICE ON REFLECTIVE WRITING

The inclusion of the reflective account in each of the PERS meets the GDC Curricula requirement for students to:

'take responsibility for personal development planning, recording of evidence and reflective practice'

With this in mind, the tutor should consider whether the student has shown adequate reflection on the task and addressed the following points, when assessing the reflective account for its content, and while determining the level of satisfactory completion of each PER.

#### The student should:

- Identify their strengths and weaknesses in assisting during the procedure
- Adequately describe how they may enhance or improve their performance in the future
- Describe their actions in a way which demonstrates a 'patients first' approach
- Describe their actions in a way which demonstrates an effective use of time and resources
- Describe their actions in a way which demonstrates compliance with national and local clinical governance and health and safety requirements

#### **ADVICE TO STUDENTS**

It is likely that students will be unaware of the concept of reflective writing and giving reflective accounts, so the following is provided as introductory advice for students which tutors may wish to use within their training course.

#### What is reflective writing?

Reflective writing is a summary of an event (the task covered by the PER) that enables the student to identify the strengths and weaknesses of their own performance during the event, and identify areas for improvement.

#### Why is it important?

It is important to the student as it helps to clarify their thoughts and feelings, it gives them clear action points for improvement, and it helps to support their development both personal and professional.

#### What should it include?

Reflective writing should include a description of the 'event', some analysis of the strengths and weaknesses demonstrated during the event, and some indication of how the student's performance will improve as a result of this analysis.

Reflective writing is a personal account of the event, and usually includes just the student's own perspective, although it may be based on feedback from others - especially the witness in the workplace.

It may help to tell the student to think of it in terms of answers to the following questions:

What event am I reflecting on?

What happened during the event?

What did I do well?

What did I do less well?

What can I do to make my performance better next time?

Ultimately, the reflective account in each PER should show that the student has identified a learning / development need, and that the student has improved as a result of this.

#### **APPENDIX D**

#### MONITORING OF WORK BASED ASSESSMENT

- Service Level Agreement
- Training Practice Monitoring Form
- Workplace Observation
- Student workplace progress report

Annex 1

All Course Providers and Employers must strictly adhere to the following

Service Level Agreement

<u>Purpose</u>

The purpose of this Support Service Level Agreement (SLA) is to formalise an

arrangement between the NEBDN, Course Provider and the training workplace.

This agreement is being undertaken in connection with the delivery of the NEBDN

National Diploma for Dental Nursing.

This SLA is intended to provide details of the main responsibilities for the parties

involved in supporting the delivery of the NEBDN National Diploma for Dental

Nursing. The SLA sets out the guiding principles necessary for the establishment of

an effective training and working environment consistent with health and safety

policies, NEBDN Quality Assurance policies and GDC current legislative guidelines.

**Scope of the Agreement** 

The following services are to be provided for the period of the three years of

accreditation and will cease upon completion of the three- year period or before if

any part of this agreement is broken. Written notice of any changes to the agreement

must be notified in writing by any party no less than three months in advance of any

changes.

Services and Requests to be provided under this agreement by the involved

parties are outlined below.

**Course Providers Name** 

Course provider

• Under this Agreement Course providers name undertakes to provide all

necessary training and Educational support in order to offer any

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individual student the opportunity to complete the programme. Providing that the individual meets all academic, disciplinary and pre GDC registration requirements and remains compliant with the afore mentioned throughout the duration of the programme. *NEBDN.* (September 2013). Quality Assurance Standards. Accreditation, standard 1-11

- All course providers are required to go through a submission process
  with the NEBDN to ensure course provision meets the Quality
  Standards set out in the Accreditation process and procedures. Course
  Providers must ensure all employers and students are made aware in
  the course information that if full accreditation status is not met
  students will be unable to sit the final examination. NEBDN. September
  2013). Quality Assurance Standards. Accreditation, standard 1-11
- The Course Provider will have a named person in charge of content and design of the programme who must hold GDC registration. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 1,2 and 9
- Give clear factual information in regard to the course requirements including the following: duration, fees, assessments, course content, Student Fitness to Practice, submission dates and roles and responsibilities of the Course Provider, employer and student. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 1, 2, 3, 4, 5 and 6
- Set out a clear recruitment policy. *NEBDN.* (September 2013). Quality Assurance Standards. Accreditation, standard 3
- Take into account student APEL prior to enrolment. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 3
- Complete a formal initial assessment for Literacy during induction.
   NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 3 and 4
- The Course Provider will provide all underpinning knowledge and assessment as set out by the NEBDN and GDC curriculum. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 2-4 and 6

- The Course Provider must cover the following subjects at the beginning of the programme: GDC Standard Guidance, Health and Safety, Infection Control, Medical Emergencies, Patient Confidentiality, and Radiation Protection. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 1 and 2
- Provide occupationally competent tutors to deliver knowledge requirements. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 9
- Conduct assessments in line with the requirements of the final examination. NEBDN. (September 2013). Quality Assurance Standards. Accreditation., standard 2-4 and 6
- The Course Provider will ensure that all mentors and witnesses have completed the NEBDN Mentor and Witness training programmes.
   NEBDN. (September 2013). Quality Assurance Standards. Accreditation., standard 1, 3 and 5
- The Course Provider will on a quarterly basis provide the employer with an up-to-date record of progression and achievement relating to all students on programmes with them. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 4-6
- The Course Provider will abide by NEBDN closing dates. *NEBDN*. (September 2013). Quality Assurance Standards. Accreditation, standard 10 and 11
- To provide quality assurance throughout the programme. *NEBDN.* (September 2013). Quality Assurance Standards. Accreditation, standard 11

#### **COURSE TUTORS**

- Tutors / staff professional qualifications, teaching or assessor qualification, GDC registration and CPD must be held by the Course Provider. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 9
- Give written feedback on the student's performance of assessments and the Record of Experience. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 2, 5, 6 and 7

- To monitor student attendance and behaviour and report to the employer of any concerns. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 6 and 7
- To provide all necessary training and support in order to ensure that all students have the opportunity to complete the programme, providing that the student meets all academic, disciplinary and pre-GDC registration requirements and remains compliant of all course policies and procedures. NEBDN. (September 2013). Quality Assurance Standards. Accreditation., standard 1-11

#### **INTERNAL MODERATORS**

- Provide occupationally competent internal moderators who must hold current GDC registration and a teaching qualification to oversee the process and procedures of the Record of Experience. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 5 and 9
- Sample the Record of Experience using the NEBDN sampling strategy and corresponding documentation.
- Monitor completion of the NEBDN Mentor and Witness training programme. (September 2013). Quality Assurance Standards. Accreditation, standard 5

#### **EMPLOYER / COURSE PROVIDER**

- If there is more than one workplace mentor, then the Course Provider will be required to check the systems in place for standardising their practice within the workplace. The system for in-house standardisation is solely the responsibility of the employer; however the Course Provider will be required to hold documented evidence of checks of the systems in place. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 1 and 5
- The Employer must ensure that all mentors and witnesses complete the NEBDN Mentor and Witness training programme
- The Course Provider in partnership with the employer shall ensure that all students are offered Equality of Opportunity **Equality Act 2010**.

 The NEBDN shall ensure that all students are offered equality of opportunity Equality Act 2010.

#### **NEBDN** Responsibilities

- The NEBDN will provide advice, support and guidance to the student, the Course Provider and employer.
- The NEBDN will provide all partners with a named contact with whom they
  can discuss any issues relating to the programme and / or individual students
  and employers.
- The NEBDN shall ensure that all students are offered equality of opportunity (within safe guidelines) regardless of age, race, disability, gender and all other aspects as outlined in the Equality Act 2010.
- NEBDN will set the submission date for all required documentation to enable individual student's access to the final examination.
- Under this agreement Provide an Access Arrangement Policy.

#### **Employer Responsibilities**

- The employer is responsible for ensuring that the student will receive appropriate training and supervision. *NEBDN.* (September 2013). Quality Assurance Standards. Accreditation, standard 1, 2, 3, 4, 5, 6 and 7
- The employer must provide a named contact with the Course Provider to ensure that all progress reviews are undertaken. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 1, 4, 5 and 6
- The employer must appoint a named mentor who is GDC registered and has the appropriate knowledge and skills to support and provide guidance. The appointed mentor(s) should be allowed adequate time to carry out their duties in relation to student support. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 1, 3, 4 and 5
- If there is more than one workplace mentor, then the Course Provider will be required to check the systems in place for standardising their practice within the workplace. The system for in-house standardisation is solely the responsibility of the employer; however the Course Provider will be required to hold documented evidence of checks of the systems in place. NEBDN. (September 2013). Quality Assurance Standards. Accreditation., standard 5

- The employer must agree to ensure that witness feedback on the individual Practical Experience Record sheets (PERs) is completed fully and that the feedback will take into account weaknesses and good practice shown by the student. Comments will be of support and guidance and give clear indication of areas for improvement. NEBDN. (January 2011). Quality Assurance Standards. Accreditation, standard 1, , 3, 4, 6, 7, 8
- The employer must agree to a seven day sign off period for completion of witness statements. Any PERs signed outside seven days of the activity is deemed invalid (unless accompanied by an explanatory statement). NEBDN. (September 2013 Quality Assurance Standards. Accreditation, standard 5
- If and when a member of the Course Provider staff is required to work from an employers workplace, the employer will afford them all necessary support and facilities to assist them in fulfilling their role. This includes ensuring through a process of induction that Course Providers personnel remain compliant with Health and Safety Legislation and are aware of the employers procedures.
  NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 10
- The employer must notify the Course Provider immediately of any incident or accidents and ensure that compliance with the Ionising Radiation (Medical Exposure) Regulations 2000. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 10
- The employer in partnership with the Course Provider shall ensure that all students are offered equality of opportunity Equality Act 2010.
- The employer will allow the student to attend the training programme. *NEBDN*. (September 2013). Quality Assurance Standards. Accreditation, standard 6
- The employer agrees that if they have any concerns with a student's progression and performance they will contact the Course Provider and discuss support mechanisms that can be developed within the practice and individual course sessions. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 1, 2, 3, 4, 5, 6 and 7
- The employer will provide the Course Provider on a quarterly basis an up to date record of progression and achievement relating to all

**students in their employment.** (Appendix E, student workplace progress report) *NEBDN.* (*September 2013*). *Quality Assurance Standards. Accreditation, standard 1, 5, 6 and 7* 

- The employer will fund all Enhanced DBS and Occupational Health Assessments (including any necessary immunisations). NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 5
- The employer will remain responsible for Health and Safety requirements being met in the workplace and will work with the Course Provider to ensure compliance of the student. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 10
- The employer shall allow Course Provider's staff and or representative reasonable access to students in order to enable them to monitor and assess the student's progress. NEBDN. (September 2013). Quality Assurance Standards. Accreditation, standard 1, 5, 6, 7 and 11

As part of the NEBDN National Diploma in Dental Nursing, students must assist with a range of procedures in the surgery. The student will have to complete a PER for the patients being treated in the surgery for the following:

#### **UNIT 1 Preparing and Maintaining the Clinical Area**

 Three practical experience record sheets to be completed which includes one from each of the following:

Restorative procedure

Periodontal procedure

Extraction

In addition the following learning outcomes will be completed:

- Demonstrate disinfecting a range of impressions
- Outline a list of the emergency drugs and equipment held in their clinical area
- Answer questions relating to GDC 'Standards Guidance' document
- Answer questions relating to the Infection Control policy in their clinical area
- Personal Development Plan

#### **UNIT 2 Assisting with Preventative Procedures**

 Three practical experience record sheets to be completed which includes one from each of the following:

Scale and polish procedure

Fissure sealant

Topical fluoride application (one or more teeth)

In addition the following learning outcomes will be completed:

- Answering questions relating to relevant oral health advice for a variety of patient scenarios
- Label a dentally specific anatomical diagram
- Answer questions relating to booking appointment procedures in their workplace
- Medical History
- Drugs

#### **UNIT 3 Assisting in Taking and Processing a Radiograph**

 Three practical experience record sheets to be completed from the following range:

Any intra-oral radiograph

Any extra-oral radiograph

In addition the following learning outcomes will be completed:

- Cary out various charting exercises
- Label a film packet diagram and answer related questions
- Label a processing diagram and answer related questions

#### **UNIT 3.1 Clinical Assessment**

 Three practical experience record sheets to be completed from the following range:

New patient

Existing patient

Emergency patient

#### **UNIT 4 Cavity Restoration Procedure**

 Three practical experience record sheets to be completed from the following range:

Amalgam

Composite

Glass Ionomer

In addition the following learning outcomes will be completed:

- Demonstrate in assisting in endodontics procedures
- Demonstrate assisting in the preparation and fitting of a range of fixed prostheses
- Demonstrate assisting in the preparation and fitting of a removable prostheses
- Produce a range of completed laboratory prescription sheets
- Label a restorative related diagram

#### **UNIT 5 Extraction Procedure**

 Three practical experience record sheets to be completed from the following range:

Simple extraction (tooth or root)

Surgical extraction (tooth or root)

In addition the following learning outcomes will be completed:

- Demonstrate setting up a local anaesthetic syringe for various procedures
- Describe the post-op advice you would give to a patient after a simple extraction procedure
- Label a diagram and answer related questions
- Describe oral hygiene advice for an orthodontic patient
- Anxious patient

#### **General Terms and Conditions - Service Dispute**

Should there be issues about the quality, amount and type of services being provided: attempts should be made to resolve them directly between the Course Provider, student or employer. Should any issues remain unresolved the Course Provider, student or employer should contact the NEBDN and initiate the NEBDN formal complaints procedure.

#### Annex 2

#### TRAINING PRACTICE MONITORING FORM

Centre Details
Name
Address
Tutor Details
Name
GDC registration number
Student details
Name
Practice address
Telephone
Employer Details
Name
GDC registration number
Workplace menter details
Workplace mentor details
Name
GDC registration number
Induction completed by training provider (please give details of date and location)

Course Handbook Final Sept 2013

Practice Details	
Type e.g. GDP, Private, Hospital, and Specialist. (Please give details)	
Evidence of certification e.g. CQC and PCT / RQIA are required.	
Voluntary certification, e.g. BDA Good Practice, Denplan etc.	
Please give full details including dates.	
Please give details of practice induction of the student e.g. DBS checks, vaccination record, health and safety, ionising radiation and infection control.	
Number of qualified staff and their role and responsibilities and GDC registration details:	
Name Role and responsibilities GDC	

#### **HEALTH AND SAFETY (Health and Safety at Work etc. Act 1974).**

Poster: Is there a poster on display from the Health and Safety Executive? HSE Poster:	Yes □	No □
Policy: Is there a recently updated written safety policy for the practice on display or accessible to all staff?	Yes □	No □
RISK ASSESSMENT		
Has a risk assessment been carried out to identify the hazards within the practice?	Yes □	No □
Have assessments been made of all the substances used within the practice to identify which might be hazardous to health?	Yes □	No □
Are records of these assessments available?	Yes □	No □
Specific risk assessment is required for young persons and new and expectant mothers (preferably in writing).	Yes □	No □
WELFARE		
Have you provided adequate facilities and arrangements for staff welfare	Yes □	No □
	Yes □	No □
welfare	Yes  Yes	No 🗆
FIRE  Is there adequate fire fighting equipment and means of fire detection throughout the practice and are staff trained to deal with		
FIRE  Is there adequate fire fighting equipment and means of fire detection throughout the practice and are staff trained to deal with such situations?	Yes 🗆	No 🗆
FIRE  Is there adequate fire fighting equipment and means of fire detection throughout the practice and are staff trained to deal with such situations?  Is there a fire escape and is it adequately signposted?	Yes   Yes	No □

#### **EMPLOYER'S LIABILITY**

Have you on display a current employer's liability insurance certificate?	Yes □	No □
FIRST AID		
Is there adequate first aid provision?	Yes □	No □
ACCIDENTS/RIDDOR		
Is there an accident report book available and maintained?	Yes □	No □
Are there systems in place for reporting relevant incidents to the HSE?	Yes □	No □
WASTE DISPOSAL		
Is waste segregated into hazardous and non-hazardous and stored safely prior to disposal?	Yes □	No □
Are there arrangements for the collection and disposal of these wastes?	Yes □	No □
MERCURY		
Is there a mercury spillage kit?	Yes □	No □
Are staff aware of the procedure to deal with mercury spillage?	Yes □	No □
Is there proper storage (and disposal – is encapsulated amalgam used?) of metallic mercury and waste mercury material?	Yes □	No □

#### **AUTOCLAVE**

Is there an inspection certificate?	Yes □	No □
Is the autoclave maintained and tested - According to HTM 01-05?	Yes □	No □
COMPRESSORS		
Is there an inspection certificate?	Yes □	No □
Is there a service/maintenance contract in place? Regulations 2000, SI 2000 No 128, ISBN 0 11 085836 0; Provision and Use	Yes □	No □
GAS CYLINDERS		
Are they properly stored? Are the cylinders regularly serviced? Are records of servicing available?	Yes □	No □
ELECTRICAL APPLIANCES		
Are regular visual inspections of all portable equipment carried out?	Yes □	No □
Are all portable electrical equipment and the fixed supply inspected and tested at least every three to five years by a competent person?	Yes □	No □
RADIATION		
Have you informed the Health and Safety Executive of your x-ray machines?	Yes □	No □
Have you appointed a radiation protection adviser?	Yes □	No □
Is there documentation of regular radiation safety assessment of all radiographic equipment?	Yes □	No □
Are there local rules on display?	Yes □	No □

#### **RADIATION Cont'd**

Are all staff using x-ray equipment adequately trained and records of training kept?	Yes □	No □
Is the quality of radiographic processing and radiographic images continually assessed?	Yes □	No □
COMPUTERS and DISPLAY SCREEN EQUIPMENT		
If you use a computer, are you registered with the Office of Data Protection?	Yes □	No □
Do you comply with the Health and Safety (Display Screen Equipment) Regulations 1992?	Yes □	No □
Data Protection Act 1998; 90/270/EEC; Health and Safety (Display Screen Equipment) Regulations 1992; Display screen equipment work – guidance on regulations ISBN 0 11 886331 2.	Yes □	No □
DRUGS		
Do you have the emergency drugs recommended for dentists by the British Resuscitation Council?	Yes □	No □
Are emergency drugs kept securely, but accessible at all times?	Yes □	No □
Are strict records kept of the purchase and dispensing of drugs?	Yes □	No □
Are drugs stored according to manufacturers' recommendations and kept in a locked cupboard?	Yes □	No □
LABORATORY		
If there is a laboratory on the premises has an assessment been made under the Factories Act and other special legal requirements?	Yes □	No □
Is the Laboratory registered with MHRA?	Yes □	No □

#### **EMERGENCIES**

Does the practice record and regularly update patient medical history?	Yes □	No □		
Is there an up-to-date emergency drugs kit?	Yes □	No □		
Is there an oxygen kit?	Yes □	No □		
Are staff trained regularly in resuscitation? (Date)	Yes □	No □		
If your practice undertakes inhalation or intravenous sedation, does your practice conform to the current recommendations?	Yes □	No □		
INFECTION CONTROL				
Are staff trained in infection control? (Date)	Yes □	No □		
Are staff vaccinated against Hepatitis B and the other common illnesses; diphtheria, pertussis, poliomyelitis, rubella, tetanus, TB?	Yes □	No □		
Are reports available indicating responses to the Hepatitis B vaccine and when boosters are due?	Yes □	No □		
Is there an autoclave? (Make/Model)	Yes □	No □		
Is the autoclave regularly serviced and tested? (Date)	Yes □	No □		
Is there an ultrasonic bath/washer disinfector?	Yes □	No □		
Are all non-disposable clinical instruments, including burs and handpieces sterilised after use?	Yes □	No □		
Are clinical items sent to others (e.g. impressions to the laboratory) properly treated for cross-infection control?	Yes □	No □		

#### **INFECTION CONTROL Cont'd**

Do members of the practice either dispose of or sterilise between patients the following items:			
Aspirator tips?	Yes □	No □	
Impression trays?	Yes □	No □	
Do members of the practice use disposable:			
Paper towels?	Yes □	No □	
Surgical blades?	Yes □	No □	
Local anaesthetic?	Yes □	No □	
Gloves?	Yes □	No □	
Needles?	Yes □	No □	
Facemasks?	Yes □	No □	
Mouthwash cups?	Yes □	No □	
Is eye protection provided & used by staff and patients?	Yes □	No □	
Is there appropriate and adequate ventilation of the premises, especially treatment rooms, sterilising rooms, storage areas and developing areas?	Yes □	No □	
Does the practice comply with the "essential" requirements of HTM 01-05?	Yes □	No □	
FACILITIES FOR THE TRAINEE NURSE			
Is there regular provision for a workplace mentor?	Yes □	No □	
Is there a reasonable practice library?	Yes □	No □	
Is there a computer with broadband access that the trainee nurse can easily access?	Yes □	No □	

#### PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING THIS FORM

(In the case of joint applicants, both must sign this form)

I/we have read both parts of the form and have completed the sections to the best of my/our knowledge.

Name (PLEASE PRINT)	
Signature	
GDC Registration No.	
Date	
Name (PLEASE PRINT)	
Signature	
GDC Registration No.	
Date	
Agreement, Training Pra	visit if a risk has been identified within the Service Level ctice Monitoring Form or Record of Experience, and will hour available to the course provider representative.
Name (PLEASE PRINT)	
Signature	
GDC Registration No.	
Date	
Name (PLEASE PRINT)	
Signature	
GDC Registration No.	
Date	

#### **NEBDN National Diploma in Dental Nursing**

Workplace Observation Policy - Record of Experience
Implemented 1<sup>st</sup> January 2013

#### Introduction

NEBDN are committed to ensuring all Student Dental Nurses are given access to the highest possible standard of training prior to sitting its pre registration examination. The purpose of this policy is to ensure student dental nurses receive formative assessments carried out in the workplace to an approved standard.

All those involved in the formative assessment process must adhere to the benchmarks and performance criteria set out in the Course Handbook.

Formative assessment provides feedback during a training programme and addresses the question 'what does the trainee need to do to improve?' Whereas summative assessment happens at the end of a training programme (e.g. final examination), both are inter-related, and the evidence gathered during completion of the Record of Experience will be used to inform summative assessment.

Student Dental Nurses will be observed in the workplace by different members of the Dental team on a number of occasions, over a period of time, whilst completing the Record of Experience (RoE) which is an entry requirement for the final examination. These observations form the basis of formal assessment, and are used to assess knowledge, skills, behaviours and attitudes in the workplace under normal working conditions.

Although the final examination will assess knowledge and practical elements, in order for students to be competently assessed in all of the Learning Outcomes as published by the General Dental Council (GDC), certain aspects needs to be witnessed in the workplace. The GDC clearly states 'The purpose of education and training is to produce an individual who can demonstrate, on successful completion of an assessed education or training programme, that they have met the outcomes required for registration as a dental professional with the GDC. Those in training for registration should aim, and be supported, to attain the highest standards in terms of knowledge, skills, including clinical and technical skills, and professional attributes, in particular putting the interests of patients first at all times' (GDC Preparing for Practice – Dental Team Learning Outcomes for Registration: 2012)

Therefore, with the RoE supporting the two stage final examination, those students qualifying with the NEBDN National Diploma in Dental Nursing will have achieved all of the required Learning Outcomes.

In order to be certain that students have access to a suitable learning environment, this policy has been produced to support Course Providers in providing thorough assessment of work based learning. It includes a number of mechanisms to ensure that the student, employer and Course Provider are aware of the process of monitoring a student's progress during completion of the RoE:

- Support Service Level Agreement
- Training Practice Monitoring form
- Workplace Visit Procedure

This policy explains the process Course Providers need to adopt in order to determine whether a workplace visit is necessary. As the decision to conduct a workplace visit is based on risk, Course Providers need to closely monitor a student's performance as they complete the RoE.

Details of what will trigger a workplace visit by a Course Provider are also included, as are details of how NEBDN will monitor the performance of students through statistical analysis of exam performance by Course Provider.

This policy and process is not set out to replace the policies and procedures set by the following bodies: England Care Quality Commission, Scottish Commission for the Regulation of Care, Health Inspectorate Wales, Regulatory and Quality Improvement Authority of Northern Ireland

#### **Policy and Process**

In order to achieve compliance with this policy, NEBDN require Course Providers to ensure:

- The employer and Course Provider sign the Service Level Agreement (SLA) prior to the student induction. (see Annex 1)
- The employer has completed the Training Practice Monitoring form for each student prior to the student induction. (see Annex 2)
- The employer ensures mentor attendance at an induction session held by the Course Provider, where relevant sections of the course handbook are discussed for clarification, and issued to the mentor for distribution to witnesses as appropriate. It is envisaged that the following guidance will be introduced as compulsory with a lead in time e.g. by the end of 2013. Students will not be accepted onto a course unless the mentor attends an induction, or holds the NEBDN mentoring qualification. It will be made known to employers that lack of support for student training is no longer acceptable under CQC and that employers are required to take proper responsibility for their staff. (This will be covered by the following: NEBDN. (September 2013). Quality Assurance Standards. Accreditation, Standards 1-11).
- Mentors, employers and ALL witnesses sign to say they have received, read and understood the information in the course handbook and agree to abide by it
- All Mentors and witnesses must complete the NEBDN training programmes when they become available in 2013
- They have a risk assessment process in place, which includes monitoring compliance with the Service Level Agreement and the Training Practice Monitoring form including:
  - safe working practices as identified within a Practical Experience Record sheet (PER) submitted during RoE completion
  - satisfactory assessment practices as identified within any PER submitted during RoE completion. These must be assessed and managed according to the guidance laid out below, and in the Course Handbook

If a student's Training Practice Monitoring form, SLA and / or PERs highlight a possible standardisation issue, the Course Provider and tutor should risk assess the matter and decide which of the following course of actions is most appropriate, and carry them out, ensuring a detailed written record is kept. **These must be available** 

on request from NEBDN – records will be checked during NEBDN Annual Monitoring and during Audit Visits.

- Interview the student to clarify the matter
- Contact the mentor to raise the issue, and give guidance
- Arrange a workplace observation visit within 28 days to ensure standardisation
- Raise the matter with the workplace owner / senior principal (where breaches
  of standards are considered serious), and inform them of your duty to inform
  the GDC and NEBDN if the matter is not satisfactorily resolved

#### **Workplace Observation Based on Risk**

An observation is to be completed for a student dental nurse during the completion of the RoE only if a standardisation issue has been raised, and a risk assessment has determined that a visit is necessary.

These would occur with consideration of the following factors:

- Time elapsed since the previous inspection
- Evidence received that identifies a lack of management of threats to students achieving learning outcomes and / or a lack of management of patient safety issues
- Concerns raised through analysis of monitoring returns completed PERS
- Complaints and whistle blowing in relation to the workplace
- Major changes that substantially alter the programme and assessment systems in the workplace
- Outcomes of previous inspections / work place observations
- Concerns raised from NEBDN sampling a student's Record of Experience
- Concerns raised during or following an audit visit to Course Providers by NEBDN
- Information taken from NEBDN statistical analysis for the NEBDN Diploma Examination of students grouped by course provider and mapped to main curriculum areas.

#### **Sanctions**

Sanctions available to the course provider as a result of an unsatisfactory Workplace Observation include:

- Allowing training to continue with conditions (e.g. additional training requirements, limiting witness activity etc.)
- Removing the student from the training programme / workplace
- Whistle-blowing to the General Dental Council

Sanctions should be decided on the basis of risk to patients.

More frequent assessments might be disproportionate to the level of risk to the patients that is possible from a trainee dental nurse. In addition, England Care Quality Commission, Scottish Commission for the Regulation of Care, Health Inspectorate Wales, Regulatory and Quality Improvement Authority of Northern Ireland registration of the workplace is taken as evidence of its suitability as a training environment for trainee dental nurses. (NEBDN. (September 2013). Quality Assurance Standards. Accreditation. standard 1, 5, 9, 11)

#### **Visit Procedure**

- The workplace visit will be carried out by the Course Provider representative who holds a suitable qualification (see Service Level Agreement Annex 1)
  - Suitable qualifications include any relevant to the skills of assessing, teaching in the life long sector, mentoring, clinical teaching, and dental nurse tutoring. This list is not exhaustive, and will be updated on a regular basis (NEBDN. (2011). Quality Assurance Standards. Accreditation. 1 (1), standard 6, 12, 13)
- The Course Provider representative attends the workplace to observe the mentor or witness with the student completing a clinical activity
  - Suitability of tutors to complete the observations will be monitored by NEBDN's Quality Assurance team, holding details of the tutors' professional qualifications, teaching or assessing qualification, GDC registration and CPD as per the Quality Assurance standards. (NEBDN. (2011). Quality Assurance Standards. Accreditation. 1 (1), standard 6, 12, 13,15)
- The tutor makes notes during the observation, relating to the clinical performance of the student dental nurse and any feedback that they consider appropriate. This is then compared to the actual PER completed by the student and the feedback from the witness, to ensure standardisation. (see Annex 3)

- The tutor must then give written feedback to the mentor and the witness in regard to the standard of the recorded observation. Completion of feedback is stated as satisfactory or not yet satisfactory with any disparities highlighted
- The mentor then signs to say they have received and agree to the tutor feedback and any required changes are understood, and will then disseminate to all witnesses in the workplace, using a copy of the practice visit document

#### **Statistical Analysis – Student Performance by Course Provider**

As part of NEBDN's Quality Assurance process, a full statistical analysis will be undertaken following each examination to determine not only the performance of individual items (questions / OSCEs) but also the performance of students in each area of the Diploma curriculum.

The role of statistical analysis can be summarised under four main functions:

- 1. Providing evidence about the quality of the examination, which includes identifying poorly performing items and taking appropriate action
- 2. Producing the final marks and results for each candidate
- 3. Contributing to the ongoing Quality Assurance and development of the examination
- 4. Comparative analysis of candidates based on their Course Providers

There are various types of statistical analysis that are used in one or more of these four functions:

- a) Descriptive statistics
- b) Statistics concerning reliability and measurement error
- c) Statistics concerning the performance of individual items
- d) When used to directly assess candidates (such as in an OSCE) a comparative analysis of examiner performance
- e) Analysis of students grouped by Course Providers and mapped to the main Diploma curriculum areas and compared to their RoEs. This will highlight areas where students had been signed off as competent but were unable to perform competently in the final examination.

If the analysis highlights areas of concern the NEBDN will monitor the provision of training and the students RoE and may instigate an audit visit of the Course Provider

or instruct the Course Provider to complete a Work Place Observation (see page 72 – Visit Procedure).

If the same workplace and mentor are involved in RoE completion of future students, a visit should not be necessary unless further standardisation issues arise, or if there is a significant change in the benchmarks and performance criteria set out in the course handbook by NEBDN.

The process and procedures implemented by the Course Provider and conducted by the tutor will form part of the National Examining Board for Dental Nurses Quality Assurance Standards (September 2013).

#### Annex 4

### **Workplace Observation Form**

Practice Visit Date	Reason for Visit	Named persons in attendance	Observation

Feedback		
Satisfactory / Not satisfactory		

### Your GDC registration may be at risk if you knowingly make a false declaration

Tutor signature

GDC registration number

Work place mentor signature

GDC registration number

Date

#### **APPENDIX E**

# TRANSFER OF RECORD OF EXPERIENCE BETWEEN COURSE PROVIDERS

#### TRANSFERRING OF STUDENTS TO ANOTHER COURSE PROVIDER

#### **Course Provider**

If a Course Provider has to close, for any reason, or stops offering a particular qualification, the Course Provider must ensure that students have the opportunity to complete their qualification. If this is not possible, the Course Provider should arrange for the students to transfer to another Centre in order to complete.

When informed, NEBDN will confirm if there are any active students still registered with the Course Provider and if so, support the Provider to transfer the students to alternative Providers where they can continue to work towards their qualification. Course Providers must check registration details of students that are transferred to them from other Providers.

When students transfer from one Course Provider to another all records must be transferred with the students to their new Provider. The new Provider must check registration details of students that have been transferred.

It is important that when a student transfers to a Provider, for any reason, the new Provider informs NEBDN. If this does not happen, NEBDN will only become aware of the student when the Provider applies for the student to enter for the examination.

#### Student

If a student wishes to transfer to another Course Provider it is the responsibility of the original Course Provider and the student to ensure that the student is registered to transfer the Record of Experience and any other relevant documentation to the new Course Provider.

Both Course Providers should ensure that the student is transferring from and to an NEBDN Accredited Course Provider before releasing/receiving any documentation.

The original Course Provider should keep a copy of the student's records and documentation in relation to the Record of Experience as detailed in the 'Storage of Completed Records of Experience' in the NEBDN Course Handbook (revised January 2013).

#### **Guidance to Tutors**

The Record of Experience belongs to the student. The Course Provider should keep a copy of the documentation usually required for his/her own protection but beyond that the student gets the Record of Experience and Tracking Sheet. The new Course Provider will then take responsibility for the student; registering the student, completing relevant paperwork and receiving results.

#### **Additional Guidance**

- NEBDN Course Handbook (revised Jan 2013)
- NEBDN Transfer of Student Document

#### **APPENDIX F**

### STUDENT REVIEW FORM

#### RECORD OF EXPERIENCE STUDENT REVIEW FORM

Student Name	
Internal Moderator	
Date of Review	
PERS completed	
Unit 1	
Supplementary Outcomes	
Unit 2	
Supplementary Outcomes	
Unit 3	
Supplementary Outcomes	
Unit 4	
Supplementary Outcomes	
Unit 5	
Supplementary Outcomes	

#### **PERS**

Issues	Actions
Agreed Torgeto	
Agreed Targets	
Agreed Targets	
Agreed rargets	
Cianad	Ctudont
Signed	Student
	Internal Moderator
	GDC Number

#### **APPENDIX G**

### STUDENT WORKPLACE PROGRESS REPORT

#### STUDENT CLINICAL PROGRESS REPORT

The employer / line manager is required to submit quarterly progress reports in regard to the trainee dental nurses progression of clinical skills, professionalism, communication and team working as outlined in the Service Level Agreement.

Name of Student				
Name of Employer				
GDC Registration Number				
Date				
Attendance / Punctuality within the workplace	Excellent	Good □	Average □	Poor □
Development of clinical skills within the workplace	Excellent	Good □	Average □	Poor □
Professionalism within the workplace	Excellent	Good □	Average □	Poor 🗆
Clinical decision making within the workplace	Excellent	Good □	Average □	Poor 🗆
Communication skills with patients and the dental team	Excellent	Good □	Average □	Poor 🗆
Team working within the workplace	Excellent	Good □	Average □	Poor 🗆

Do you have any other comments on the student nurses progression of skills within the clinical environment?

#### **DECLARATION**

I the named person within the training provision have read and understood the NEBDN Course Handbook and will abide by all the policies and procedures

I (PRINT NAME)	the Course Proprietor
DATE	GDC Reg. No. (If applicable)
I (PRINT NAME)	the Lead Tutor (if applicable)
DATE	GDC Reg No.
I (PRINT NAME)	the Tutor
DATE	GDC Reg No.
I (PRINT NAME)	the Internal Moderator
DATE	GDC Reg No.